**Article**

# Group Therapy with Mothers and Babies in Postpartum Crises: Preliminary Evaluation of a Pilot Project[1,2]

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*Translated from German by P. Schmid-Tomlinson*

*Postpartum psychic crises are common and have an extremely adverse effect on the lives of those mothers concerned. Furthermore in cases of postpartum depression the mothers' dysfunction has a long-term effect on both the child's development and family interaction. Offering a psychoanalytically oriented group therapy for mothers and babies is an attempt to facilitate early recognition and treatment of mothers who are emotionally troubled. The inclusion of babies in the group setting is not yet well documented in relevant literature: this study is especially concerned with the question of whether the baby's presence has a similarly positive effect on the therapeutic process as in the more familiar parent (mother)-infant-therapy. This paper will present an initial evaluation of the group process.*

*Key words: mother, babies, group process, therapeutic group*

## Introduction

I present my initial experiences of group therapy with mothers and babies. This takes the form of a psychoanalytically-oriented group therapy with well defined framework, but with a free, not previously defined target, formulated and worked out by the group participants as part of the therapeutic process. This is not a common form of therapy in early childhood and has not yet been documented. It differs from the more familiar, structured psycho-

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educational groups offered by many counselling and child-guidance centres.

My work with postpartum depression (Pedrina, 1994a, 1994b, 1998) was an important background factor in establishing this setting. According to numerous epidemiological studies this disorder occurs in 10–15% of all women. Although this depressive pathology disappears in most cases after a few weeks or months, in 15% of cases it lasts longer than six months and in some cases becomes chronic (Cooper, Campbell et al., 1998). Due to the enormous impact of the mother-child relationship in the first months and years of a child's life, the possible effects of a mother's postpartum depression on her child are particularly significant. Modern research on mother-child interaction has provided impressive proof of the baby's sensitivity to its mother's facial expressions and moods (Field, 1984); the baby tends to reflect the depressive mother's behaviour and to develop a passive-depressive style of interaction. In older babies the reactions are more complex and more individual, corresponding to their expanded capability of experience and the increasing interaction with their environment. However the child's cognitive development (Murray, 1992) and the quality of the mother-child relationship (Stein et al., 1991) are particularly affected. It is comparatively rare that postpartum difficulties are treated by means of psychotherapy. Therefore it seems that there are many reasons why an active strategy should be established with respect to early recognition of such cases and an easily accessible facility of early treatment be formulated. Consequently the idea of a therapeutic group was born, geared to young mothers who are emotionally troubled. This group should be offered in collaboration with those institutions active in the field of early childhood.

The incorporation of the babies is new in the context of psychoanalytical group therapy. After having worked for many years with cases of postpartum crises within the setting of combined parent-infant therapy and having experienced the diverse positive effects of the baby's presence on the progress of therapy (Pedrina, 1984, 1991a, 1991b, 1992, 1997), I began to wonder whether this would also be the case in a group setting. There are very few data in supporting literature about similar types of group therapy (Campbell and Thomson-Salo, 1997; Trad, 1994). In other models the therapeutic groups consist solely of the mothers; the children and other family members are incorporated in various ways,

psycho-dynamic approaches are combined with other techniques (Gruen, 1993; Milgrom, 1996; Morris, 1987; Siksou, 1990).

**The mother-child group: recruitment of participants, characteristics of the group therapy, data for evaluation**

The mothers' attention was drawn to the availability of a therapeutic group by means of widespread information in numerous institutions and counselling centres in Zürich, concerned with pregnancy and birth. Most participants applied to join the groups on the advice of their mothers' counsellor, whose encouragement was a significant factor. Others felt drawn by our flier 'This is not how I'd imagined it: group for mothers and babies'. Initially the group was slow-open, after a few early departures it was supplemented by subsequent arrivals. The group continued as a closed group in the last few months. Nine mother-child dyads took part; it consisted on average of six to seven dyads. The group meetings lasted 90 minutes and took place every two weeks. The fathers could voluntarily participate in a fathers' group, which met periodically, but at less frequent intervals. Four fathers took this opportunity. The therapy had a limited time framework and the conclusion was mutually determined within the group. It lasted 14 months and ceased when the children could walk well and were ready for a more independent structure.

Before the group started and after its conclusion the mothers, the mother-child interaction and the family interaction were evaluated by two independent examiners in an individual psycho-diagnostic interview with mother and baby and in a family interview, both including interaction observation. Mothers were also assessed by means of a standard test for postnatal depression. Four were suffering from depression (F32.1 according to ICD-10); in two cases a personality disorder with mild symptoms of depression was evident; in the other cases mild depressive episodes were established – in one particular case this was a reaction to a possible health threat endangering the child. When the group started three of the babies were not yet six weeks old, another four not yet 16 weeks old. This meant that the aim of early treatment could largely be realized. Two women were clearly suffering from chronic depression, which began with the birth of the first child two to three years previously. In all the mother-child dyads the interaction was disturbed. Many of the children had functional or psychosomatic symptoms (excessive

screaming, recurrent vomiting, sleep disorders, neurodermatitis). In the follow-up evaluation, the women and children who had taken part displayed no depressive or functional symptoms or interaction disturbances, with the exception of the two women with personality problems. In these cases the depressive symptoms fluctuated greatly and the personality disturbance was a contributory determining factor to their expression. The therapy was too short to influence this basic disturbance significantly.

The progress of the group therapy was documented by means of independent reports of the content of discussions, observations and countertransference-feelings written by the two group leaders, a psychotherapist and a mothers' counsellor. The therapy in its entirety was recorded on video by means of a fixed camera. The written reports form the basis of the qualitative evaluation, which includes psycho-dynamic aspects. The video recording serves as a control document and also illustrates the developing interaction and possible staging of intrapsychic conflicts. In the following, the preliminary (as yet unfinished) evaluation will be presented.

## Psycho-dynamic aspects of the initial diagnosis: the dependence-autonomy conflict

The psycho-dynamic characterization of the individual participants and the individual mother-child dyads, as far as they can be deduced from the preliminary diagnostic meeting, is particularly interesting, because the individually diagnosed main conflicts took on a new expression within the group context in the course of therapy and could be worked through in the group process.

Unlike in the case of the ICD-10 diagnosis, by means of which differences in pathology can be clearly found, surprising similarities are evident in the case of psycho-dynamic evaluation. The conflict between dependence and autonomy is predominant in all women. In some cases this was triggered by the situation with the baby; in most cases this vulnerability was already evident before the pregnancy. What is striking is the ascertainment that with one exception all group participants had troubled relationships with their own parents with regard to the development of autonomy, sometimes also in association with aggression and violence. The birth and presence of a baby needing care and attention revives the question of mutual dependence between two unequal partners (adult and child) and seems in the mother's case to destabilize compensa-

tions previously reached in the dependence/autonomy conflict and sometimes to temporarily banish all habitual behaviour. For example, the mothers suddenly display totally passive behavioural patterns, great expectations with regard to protection and devotion, which until that point were under control. In several cases the relationship with the baby triggered a tremendous need to show absolute devotion and to be constantly available. In a few cases absolute devotion alternates with emotional withdrawal. The re-activation of the dependence conflict does not occur with the same symptoms in all relationships; the mothers are totally lost and helpless with certain people, with others, however, they cut themselves off even more, increasing a sense of distance. Often this seems to be a functional division, whereby the partner and close family are integrated in a supportive function, and unnecessarily unsettling influences are kept away.

**Challenging the limits as a group dynamic expression of the dependence conflict**

So what happens to this conflict in group therapy? What other conflicts appear in the course of group therapy? Dependence on the partner is voiced early on in the discussions. The women complain that the task of caring for the baby makes them dependent on their partner in new ways. The dependence of the baby is also discussed. They very sensitively acknowledge the dissatisfactory or onerous interactive patterns, sometimes taking the current interaction as a starting point for their reflection. One woman is irritated by the fact that she constantly rocks to and fro with the baby in her arms; she feels – when she is conscious of this – like a mechanical pendulum clock, remote controlled. She knows that the rocking is not very effective, but can see no other solution, considering that she is under pressure to soothe the baby as quickly as possible. Another woman describes how she always feels she must go to the baby at night as she finds its distress and helplessness unbearable. She realizes that this representation is not always in keeping with reality and that her behaviour is sometimes contra-productive. The mothers seem to be clearly sensitized to the perception of these interactive, non verbal communication circles – even if they realize that they themselves are trapped within a disturbed interaction.

The theme of dependence in discussions and in interactions as described corresponds to a very structured (neurotic) level. It is also

expressed in the transference on the group and on the group leaders, and in behaviour concerning the given setting. I would designate the conflict as a questioning of limits – personal and those of the group as a whole. This area of conflict is already evident in the first session. It is striking how quickly the participants reveal very personal, almost intimate details – for example, birth experiences, coping with pain and uncertainty, changes and tensions between the nearest persons. One woman describes her feelings of powerlessness during the birth, feelings which still resound. She talks of her search for support and the many disappointments she experiences thereby. She attaches blame in a way that threatens to escalate. It is all too much for some participants. Some start to isolate this outburst of fury against everyone and bring it into perspective with concrete examples taken from their own experiences. The issue here is finding one's limits; the wish to communicate within a group situation, to share personal experiences with others and the danger of losing oneself in the group, expecting too much support and no longer being able to cope alone. This area of conflict, in which I see the shaping on a group level of the individual conflict between the desire for dependence and the desire for autonomy, will continue and experience changes throughout the course of therapy. The powerful first scene was an announcement, a programme – similar to the first dream in a psychoanalytical individual therapy.

In this session the group works as a good vehicle for the fear mobilized by the projected aggression. In the second session, the same woman gives clearer expression to her despair and bursts into tears. The group is overwhelmed and begins to develop aggression towards the leaders. This is recognized and interpreted as criticism of the insufficient support by the leaders in the face of such difficult situations. The loss of personal boundaries is in extreme cases a psychotic movement, which threatens to break up the group. We, as group leaders, were made aware of how much loss of structure the group could tolerate. Episodes in which great personal despair and fear were voiced by individual participants were frequent, and occasionally we had to take on a psychiatric management role, for example, by giving instructions on how to progress in the next few days or by organising further professional help for the women concerned.

The challenging of boundaries also manifests itself as an erosion of the setting, in that it is very difficult to maintain a clear beginning

and conclusion of the session. Often women arrive late, forcing the group to begin again a second or third time. The conclusion of the session often evaporated into long, drawn-out preparations to get the children ready to leave. The leaders' attempts at establishing a structure are not always successful. Although they were urged to carry out this task in various situations, there are situations in which they are criticized because they allegedly advocate demarcation and autonomy too strongly. Once the first phase of close involvement with the child is over, it seems to be possible for some women to cope more freely on the one hand with regressive proximity, and on the other with autonomous distancing. These women begin to be responsible for their right to regress and break away from those who aim for more independence. These complicated emotional circumstances are not immediately clear, but are realized in the group only after the interpretation of tensions. In one incident, the mother of a whining boy first confesses in a rather ashamed manner that she normally still tries to calm him by breastfeeding him. Becoming increasingly nervous, she goes on to give examples of things which have recently concerned her, examples which illustrate an attitude of absolute tolerance towards children, i.e. a totally different attitude than that proposed by the group. For instance she had heard that many women allow their 3 or 5-year old, or even older children, to come into their beds when the father is away on business. The other women are surprised and amused to hear this, but prepared to grant each mother her own way of resolving such issues. They encourage the mother to breastfeed her boy there and then, if she thinks this is right for her. The woman sits down and feeds her almost one-year-old boy. Immediately there is total quiet and rapt attention in the room. With hindsight I would say that the generally perceived tendency towards regression motivates the leaders to assume a partially reactive attitude of encouraging autonomy at least in the initial phase of such a group. However this should not be maintained for longer than necessary, otherwise dependence and autonomy are judged to be absolute values – the former a negative, the latter a positive – which contributes to a contra-phobic fixation in the autonomy position, which most of the mothers in the group were already familiar with from their own life histories. Personally I value this correction on the part of the strong, self-confident mothers in the group, who advocate the positive sides of temporary regressive positions and exemplify these. The playful

management of this basic conflict was an achievement of this group and was to become an important component of the group culture.

**Dependence and aggression**

First experiences with aggression within the group could be interpreted – as described above - and this clearly had a positive effect on the group feeling and the cohesion of the group. However aggression was fundamentally evident in various participants and had other roots than just the current situation. At this point I would like to pay particular attention to the correlation between the topics of aggression and dependence. In the group discussions initially the stress caused by the close involvement with the child is bemoaned; soon after, aggressive impulses against the children are the topic – with the expectation of getting help from the group. Subsequently participants discuss whether aggressive altercations with their partner could be the result of frustrating episodes with the child, i.e. whether the partner is taking on the role of a 'lightning conductor'. This frank and confidential information shows how willing the participants were to open themselves within the group. The presence of the children and the mothers' perception of aggressive impulses towards them certainly contributed to accentuating the urgency of the problem.

Former influences also became apparent. Some women spoke of intimidating experiences including frustration and violence within their own families. Occasionally aggression was revived in the transference. Two tendencies emerge: some participants are confident that they can overcome aggressive conflicts and that this will have a positive effect on bonding; others are afraid of aggression, convinced that this can only have a destructive effect. It turns out that this latter attitude was deeply anchored in the life histories of the mothers concerned and that the healthier mothers (in this respect) in the group could not imagine how such a terrible history could repeat itself in the group. However a very personalized outburst of fury is enacted between two women, which jeopardizes their further participation in the group. By means of mediation on the part of the leaders and support from the whole group it is possible to work through the specific deep-seated conflicts underlying the inability to deal with aggression. As a result the protagonists were able to break away from dysfunctional attitudes

adopted while they were growing up, not just in the group but also in their everyday family life.

It was interesting to observe how aggressive conflicts between the children initially caused the mothers to intervene immediately; as time progressed and as the mothers grew more confident as to the developmental support of the children's group, the mothers were able to hold back and often let the children resolve their own conflicts.

**Identity as a mother**

A concern which came to the fore gradually is the search for a new identity as a mother. The pressing question for some mothers – if and when they can return to work – initially arises as a merely technical matter. Every time this topic is discussed new aspects are brought up: the many small adaptations inherent in becoming a mother, the coexistence of diverse roles (daughter, partner, mother), the constant pressure and the inevitability of responsibility for the child, the ability to cope with excessive demands. Vital for the mother's self-esteem is the way in which each woman draws the line between the consideration of her own needs and the devotion to her children and family. A partial aspect of this identity thus corresponds to a more complex processing of the main conflict between dependence and autonomy which pervades the whole group process. The group acts not only as a mirror, but also as an antipole: sometimes the issue concerns attitudes which all of the women in the group have adopted or strive for, but sometimes one mother stands out in contrast to all the rest with a particular attribute.

Sometimes the women are overwhelmed by the complexity of their situation and the ambivalence of their feelings. Being able to compare experiences with other women helps to make both more tolerable. From the outside the group often appears chaotic: the mothers can be ruled by the needs of their children, they fetch the baby's bottle of tea or a toy, they move to a side room in order to change their child's nappy or to push them to and fro in their buggy, and the children, too, become more mobile and more autonomous. Their inner feelings, however, do not always directly correspond to the situation which can be observed. There is both nervous and tranquil activity, both calm and strained tranquillity. A frequent question is whether the group situation with the babies is not an

excessive strain for all concerned. One woman thinks it's neither fish nor fowl, one can neither discuss properly with the other women, nor look after the children as is normal in a mothers' and toddlers' group. After half a year this woman decides to move on and joins such a group. However most of the women feel that this setting has been consciously chosen with the intention of learning to experience and create a naturalistic situation that mirrors real life. The approach to the complexity of the group situation is considered a challenge, one related to the challenge of coping with an extended family. The women are always very proud to be able to achieve this: to be able to listen and react, occasionally to be in control despite flickering and fluttering all around. This pride, this mothers' narcissistic achievement is clearly communicated to the leaders by the fathers' group. The fathers are surprised about episodes in the group which they have heard about from their partners and establish comparisons with their own structured way of functioning. They would like to learn similar capacities and it comes to the point where we also offer the fathers a session with the children.

Other aspects relating to the identity as a mother are representations of how one arranges things with one's partner within the family when there is a baby to consider. These representations, which originate in the individual life histories, are updated and altered in the triadic interaction experienced. The discussions with the fathers gave us the possibility of getting to know and comparing their opinion on the same issues discussed by the women. In this way it was possible to observe how changes in the therapeutic field soon influenced the relationships outside the group. In the case of one couple both partners had spent a long time searching for the suitable mother or father role. It was particularly interesting because they were striving for a solution that differed from that of their original families – a modern problem without a standardized solution.

Initially one mother wants to carry on working at least part time and struggles against her regressive wishes; as far as the working father is concerned he would like to do more than merely provide for the family's material needs and is immediately swamped by the emotional involvement with the child. As the mother is excessively stressed for a while, the father finds himself in the mother's role and both feel that this is not right. As a result of disappointing experiences with babysitters, she begins to re-think previous choices and to give the child a higher priority. For the time being she

decides to give up the job which has meant so much to her. The father can hardly believe the change in his wife, but now feels better as a marginalized 'substitute mother' and begins to discover specifically male ways of spending time with his child. In another case both partners, who both work part time, are by mutual agreement too autonomous. They function well, but at cross-purposes. The mother is offended when the father leaves her alone after a conflict with the child over a weaning-related issue. She only realizes from the reaction of the other women in the group that most of them find the father's behaviour in this situation 'not acceptable' and that most would have expected help from their partner. Subsequently she can make it clear to him that he should be available to the child in such a situation, in which the child has been frustrated by the mother, without both of them feeling threatened in their independence.

**The children's participation in the group process**

One main issue of this pilot group was to clarify the question as to whether the children's presence in the therapy setting had a positive effect on the therapeutic process. On closer study of this aspect of the group process it is noteworthy that we must rely almost exclusively and certainly much more so on this than in the case of the adult participants on the perception of non-verbal communication between the child and its mother, or between the child and other adults, or amongst the children in the group, i.e. on the observation of behaviour and interaction as well as the therapist's countertransference. In fact, watching the video materials has proved very informative.

The main conflict between dependence and autonomy could be seen in the peculiarities of the early mother-child interaction, and the resolution of this conflict in the subsequent individuation of the child. In the diagnostic preliminary examinations most of the interaction between the babies and depressive mothers showed evidence of a too-close involvement on the part of the mothers and a relative passivity on the part of the child. These were expressed in the proximal mode of caring or in the lack of distal communication modalities, in too quick responses to the child's impulses, as well as in the self-perception and the motherly representations to the early relationship. One mother said of herself, 'I am nothing more than a breast'. Within the group the children initially stayed fairly close to

their own mothers, even those who wandered further away seemed to be fixed on their mothers as if they moved in her invisible sphere of influence. However, they began to interact astonishingly quickly. As early as the third session interaction between two babies was observed. Gradually longer scenes took place between children and these occurred repeatedly, giving the impression of the beginnings of relationships. After the sixth session the mothers began to take on other children and occasionally to swap children. The children were gradually allowed more room for their own activities, whether alone or with others, so that for them the group session became a kind of social training ground.

The children's presence often triggered a discussion of certain topics or conflicts. It is probable that some of these would not have been brought up and would have been repressed. I am thinking particularly of the subject of aggressive impulses towards the children, which soon arose as a topic of discussion. It was interesting to see how the various ways of child raising became evident as the children got a little older. Mutual observations of ways of dealing with the children initiated discussions on educational questions. Should one patiently and repeatedly explain to a child who cannot yet speak what behaviour is expected of him/her, or demonstrate a behaviour to be copied and enforce this?

Occasionally the children enacted moods and conflicts of the grown ups. Initially they picked up their mother's mood, which they immediately reflected, expressing it for example in the form of non-specific agitation. Later there were scenarios which more specifically presented what topic was currently being dealt with. One example of this was the aforementioned breastfeeding scene, which related to the conflict between the need to regress and the shame felt in so doing. Resonance as a specific group dynamic mechanism played a significant role hereby. This means the adoption of an emotional flow on the part of other group members, which takes place when the perceived emotion touches similar personal dispositions. As one woman spoke of her feelings of being swamped by the rapid progress of her baby and of how difficult it was for her to adapt to his new needs, another baby suddenly demonstrated his own progress by rocking on his knees for the first time. The whole group was touched and everyone burst out laughing.

Did the children profit from the group therapy or were they unduly burdened by it? In the few dramatic scenarios in which despair, fear and aggression manifested themselves they were

quieter than usual. Although they were aware of the tension they were normally able to witness the development of the emotional situation and see that their mother was calm and reassured in the end. They tended to whine more and look uncomfortable when an unspoken, not yet formulated conflict was developing – situations which are frequent in everyday life. One evident benefit of group therapy for the children resulted from the mother's therapeutic development and her growing ability to enjoy relaxed, conflict-free interaction with them. We were also able to observe direct positive impulses for the child arising from his interactions in the group. In the case of one depressive mother-child dyad their interaction initially consisted of very little interchange, whereby it was not clear whether the child's passivity was due to possible brain damage threatening its development or whether it was a reaction to the mother's introverted behaviour. Once we were able to observe the baby taking the initiative in making contact with other babies and becoming lively in the process, the concern amongst the group leaders dissolved. The mother didn't improve until later. In the case of two children who often had too little backing as a result of their mothers' faltering attention, the possibility of carefree interaction with other group participants was helpful.

**Conclusion**

I have only been able to present a selection of the manifold processes involved in this group therapy and the results thereof. However, I hope that I have been able to communicate sufficient arguments to make my conclusion plausible. In my opinion it is worth offering further therapeutically accompanied groups for mothers and their babies in postpartum crises and to gain more experience with this kind of setting. In this pilot project such a group was perceived by the women concerned as an easily accessible therapeutic possibility, it thus facilitates the early recognition and treatment of postpartum depression and contributes to the prevention of the long-term consequences. It proved to be an effective therapy for neurotic depression and a useful support in cases of postpartum depression for women with more severe personality problems. In more general terms I would say that the group also seems to be useful for women who are isolated (beyond medical indications), and who would otherwise be left to cope alone with matters regarding the new aspects of identity in relation to

motherhood. In this way it can be seen as a strengthening of a specific cultural environment – the environment of early childhood, which has been marginalized in our modern lives.

## Notes

1 This work is part of a research project on the early recognition and treatment of postpartum crises, which was carried out with the collaboration of the mothers' and fathers' advisory services in Zürich with the financial support of the 'Verein Mütterhilfe Zürich', the Psychoanalytical Seminar in Zürich, the Lüsser Foundation in Zug and the 'Förderverein Kinderanalyse'. A detailed publication of the research results is in progress. The group therapy took place in the premises of the mothers' and fathers' counselling centers in Zürich (responsible, A. Dürr); the cotherapist was a mothers' counsellor (C. Zangger).

2 Revised version of a lecture held at the of the GAIMH's (German speaking Association for Infant Mental Health) annual conference, Cologne 1999. This paper was first published in 'Analytische Kinder-und Jugendlichen-Psychotherapie', Brandes & Apsel Verlag, Frankfurt a.M., 2000, 108/4, 469–484. The English version is published with the kind permission of both editor and publisher of the journal.

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# Commentary on 'Group Therapy with Mothers and Babies in Postpartum Crises: Preliminary Evaluation of a Pilot Project' by Fernanda Pedrina

*Jessica James*

It's exciting to see Fernanda Pedrina's evaluation of her psychoanalytic group with mothers and babies. Parent-infant psychotherapy is a burgeoning field in the UK, as elsewhere. Treatment in analytic groups is less widespread. Although commanding interest, in my experience it requires a particular enthusiasm and dogged

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